

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021342

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

1473

STATE FILE NUMBER

FILED MAY 29 1962

1. PLACE OF DEATH

a. COUNTY

ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

Koch

Length of stay in lb

47 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Robert Koch Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

admission)

c. CITY

OR

TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS 4137 a Utah

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Louis

Middle

Last

Hacker

4. DATE

Month

Day

Year

OF

DEATH

5

12

1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-2-88

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BUTCHER (RETIRED)

10b. KIND OF BUSINESS OR INDUSTRY

AMERICAN PKG. Co.

11. BIRTHPLACE (City and state or country)

St. Louis, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Charles Hacker

13b. MOTHER'S MAIDEN NAME

Mary

14. NAME OF HUSBAND OR WIFE

Sophia Hacker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

R. Koch Hospital's record

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bilateral lobar pneumonia

INTERVAL BETWEEN ONSET AND DEATH

1 wk

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Severe atherosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Abdominal aortic aneurysm

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-27-62 to 5-12-62

to

5-12-62

and last saw him alive on 5-12-62

Death occurred at 1:10

P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. L. Harris MD

22b. ADDRESS

R. Koch Hosp. Koch-Mo

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

5-15-1962

23c. NAME OF CEMETERY OR CREMATORY

PACIFIC CITY

23d. LOCATION (City, town, or county)

PACIFIC

(State)

MO.

24. FUNERAL DIRECTOR

ADDRESS

KRIEGSHAUSER 4228 S. KINGS HIGHWAY

25. DATE RECD. BY LOCAL REG.

5-14-62

26. REGISTRAR'S SIGNATURE

John C. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Erwin D. McHermans

Licensed Embalmer No. 3024

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.